肌肉內變異性顆粒性細胞瘤－一病例報告

Intramuscular Atypical Granular Cell Tumor-A case report

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摘要

肌肉內顆粒性細胞瘤在 1926 年仍被認爲源自肌肉細胞，及至近來免疫化學染色及電子顯微鏡的發展，才推翻過去的觀念，改而認爲由神經細胞衍生而來。本文即描述一 44 歲女性發現右大腿摸到一 7×4×3 公分之無痛性腫塊達數個月之久，住院接受冰凍切片，因報告爲惡性肉瘤，隨即施行廣泛性切除和術後放射性治療，追踪達十八個月時間，期間並未發現局部復發或遠處轉移。據文獻報告，此腫瘤若發現在肌肉內，又同時發生在下肢，且腫瘤較大（＞4 公分）者，惡性之機率較高，此惡性腫瘤之五年存活率約 20%，較常在一年內復發，遠處轉移通常較局部復發發生爲晚，轉移多經淋巴或血流至淋巴結、肺、肝臟及骨骼，治療仍以外科廣泛性切除爲主，放射及化學藥物治療等輔助性治療之效果仍待評估。

Abstract

Granular cell tumors are uncommon neoplasms, and the malignant variety is even rare, making up approximately 1% to 2% of such tumors. As described in the literature of Julie C. Fanburg-Smith et al in 1996, granular cell tumors of soft tissue have been studied to clarify criteria for malignancy and prognostic factors. Six histological criteria were assessed: necrosis, spindling, vesicular nuclei with large nucleoli, increased mitotic activity (>2 mitoses/10 high power fields at 200X magnification), high nuclear to cytoplasmic (N:C) ratio, and pleomorphism. We describe a 44-year-old woman with an intramuscular granular cell tumor in the adductor longus muscle of right thigh. The tumor size was about 7×4×3 cm in size, as measured on magnetic resonance images. To treat the patient, we performed wide excision and post- operation radiotherapy, and she had an uneventful clinical course during an 18-month follow-up period. The pertinent findings in making the diagnosis to malignant granular cell tumor are large size (>4 cm), intramuscular location, and mitoses.